ARIZONA STATE SENATE

Fifty-Second Legislature, Second Regular Session

AMENDED

FACT SHEET FOR S.B. 1283

controlled substances prescription monitoring program

Purpose

Requires medical practitioners to obtain a patient utilization report from the controlled substances prescription monitoring program's central database tracking system before prescribing certain controlled substances and outlines exemptions to this requirement.

Background

Pursuant to A.R.S. § 36-2602, the Arizona State Board of Pharmacy (Board) is required to establish a controlled substances prescription monitoring program (Program), the purpose of which is to assist law enforcement to identify illegal activity and to provide information to patients, prescribing medical practitioners and pharmacies to avoid the inappropriate use of schedule II, III and IV controlled substances.

The Program includes a computerized central database tracking system to track the prescribing, dispensing and consumption of schedule II, III and IV controlled substances that are dispensed by a medical practitioner or by a licensed pharmacy.

There is no anticipated fiscal impact to the state General Fund associated with this legislation.

Provisions

Mandated Program Use and Exemptions

1. Requires a medical practitioner, before prescribing an opioid analgesic or benzodiazepine controlled substance listed in schedule II, III or IV for a patient, to obtain a patient utilization report regarding the patient for the preceding 12 months from the Program's central database tracking system at the start of each new course of treatment and at least quarterly while that prescription remains a part of treatment, beginning the later of October 1, 2017, or 60 days after the statewide health information exchange has integrated the Program data into the exchange.

2. Requires each medical practitioner regulatory board to notify licensees of the implementation date.

3. Stipulates the medical practitioner is not required to obtain a patient utilization report from the central database if:
   a) the patient is receiving hospice care or palliative care for a serious or chronic illness;

b) the patient is receiving care for cancer, a cancer-related illness or condition or dialysis treatment;
c) a medical practitioner will administer the controlled substance;
d) the patient is receiving the controlled substance during the course of inpatient or residential treatment in a hospital, nursing care facility, assisted living facility, correctional facility or mental health facility;
e) the medical practitioner is prescribing the controlled substance to the patient for no more than a ten-day period after an invasive medical or dental procedure or a medical or dental procedure that results in acute pain;
f) the medical practitioner is prescribing no more than a five-day prescription and has reviewed the Program's central database tracking system for that patient within the last 30 days, and the system shows that no other prescriber has prescribed a controlled substance in the preceding 30-day period; or
g) the prescription is a substitute for an initial prescription to which the patient had an adverse reaction and the patient has turned over all remaining doses of the previous prescription to the prescriber or dispenser for disposal.

Electronic Health Records

4. Specifies a review of electronic medical records that integrate data from the Program are deemed compliant with a review of the Program's central database tracking system.

5. Requires the Board to promote and enter into data sharing agreements for the purpose of integrating the Program into electronic medical records.

Liability

6. States that a complying medical practitioner acting in good faith or the medical practitioner's employer is not subject to liability or disciplinary action arising solely from either:
   a) requesting or receiving, or failing to request or receive, prescription monitoring data from the Program's central database tracking system; or
   b) acting or failing to act on the basis of the prescription monitoring data provided by the Program's central database tracking system.

Program Unavailability

7. Permits a medical practitioner to obtain a one-year waiver from the requirement due to technological limitations that are not reasonably within the control of the practitioner or other exceptional circumstances demonstrated by the practitioner, pursuant to a process established by Board rule.

8. Stipulates that medical practitioners and medical practitioners' delegates are not in violation during any time period in which the Program's central database tracking system is suspended, is not operational or is unavailable in a timely manner.

9. Requires the medical practitioner or the medical practitioner's delegate to document the date and time the practitioner or delegate attempted to use the central database tracking system

pursuant to a process established by Board rule if the Program's central database tracking system is not accessible.

Annual User Survey

10. Requires the Board conduct an annual voluntary survey of Program users to assess user satisfaction with the Program's central database tracking system, and allows the survey to be conducted electronically.

11. Requires the Board, on or before December 1 of each year, to provide a report of the survey results to the President of the Senate, the Speaker of the House of Representatives, the Governor and the Secretary of State.

Independent Program Report

12. Requires the Board to contract with a third party to conduct an analysis of the Program and report on the following by January 1, 2017:
    a) the usability and length of time to query data on the Program's central database tracking system and recommendations to improve system properties for more efficient and effective clinical use by medical practitioners;
    b) strategies to increase and promote use by medical practitioners;
    c) the quality of the data and recommendations to improve accuracy and validity;
    d) strategies to make it easier to integrate the Program's central database into electronic health records;
    e) an analysis of available and necessary resources for the Board to implement the requirements; and
    f) best practices in this state and other states that have a similar program or database.

13. Requires the Board to provide the analysis report to the Senate President, Speaker of the House of Representatives, the Governor and the Secretary of the State before January 15, 2017.

14. Repeals requirements relating to the analysis report on September 30, 2017.

Quarterly Board Report

15. Requires the Board, beginning on or before October 1, 2016, to complete and post on its public website a quarterly report for four years, which contains:
    a) the names and number of electronic health records companies that have integrated or are in the process of integrating the database; and
    b) the number of medical practitioners who will have access through an electronic health records system.

16. Repeals requirements relating to the quarterly Board report on September 30, 2021.

Miscellaneous

17. Exempts the Board from the rulemaking requirements for one year after the effective date of the act.

18. States a medical practitioner regulatory board is not prohibited from obtaining and using information from the Program's central database tracking system.

19. Makes technical and conforming changes.

20. Becomes effective on the general effective date.

Amendments Adopted by Committee

1. Requires the Board to conduct an annual voluntary survey of Program users and issue a report of results to the President of the Senate, the Speaker of the House of Representatives, the Governor and the Secretary of State.

2. Expands the list of circumstances in which the medical practitioner is not required to check the central database tracking system.

3. Permits the medical practitioner to obtain a six-month waiver from the requirement in the case of technological limitations.

4. Delays the commencement date to July 1, 2017.

5. Specifies that documentation for when the user attempted to access the central database tracking system when it was inaccessible, be performed pursuant to a process established by the Board.

6. Makes technical and conforming changes.

Amendments Adopted by Committee of the Whole

1. Delays the implementation date further and requires each medical practitioner regulatory board to notify licensees of the implementation date.

2. Increases the waiver from the requirement in the case of technological limitations to 1 year.

3. Broadens circumstances exempt from the requirement.

4. Expands the liability exemption.

5. Requires the Board to contract with a third party to conduct an analysis of the Program and fulfill outlined reporting requirements by January 1, 2017, and requires the Board to provide the report to certain members of the Legislature, the Governor and the Secretary of State.

6. Requires the Board to complete and post on its public website a quarterly report regarding the electronic health records integration and system beginning on or before October 1, 2016.

7. Exempts the Board from the rulemaking requirements for one year after the effective date.

Senate Action

HHS 2/17/16 DPA 5-2-0

Prepared by Senate Research
March 2, 2016
EM/PB/ls